

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hX	90591	9/3
O.I.P.E. CLASSIFIER		12	9/8
FORMALITY REVIEW	EVS	66793	09/10/99

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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